

**Authorization for Payment of Earned Compensatory Time
for UCPEA Employees**

Date of Request _____

Employee Name _____

Employee Number _____

Department _____

Title _____

UCP Level _____

Please choose the appropriate option:

1. The above individual is an EXEMPT employee, and has accumulated compensatory time exceeding a balance of 140 hours. Payment of _____ hours of earned compensatory time is authorized for the above individual at his/her current hourly rate of pay. *Payment is for the time over 100 hours, up to a maximum of 40 hours at a time.* The employee understands that these paid hours will be deducted from his/her compensatory time balance (in the “taken” box) on the professional leave record.

2. The above individual is a NON-EXEMPT employee. Payment of _____ hours of earned compensatory time is authorized for the above individual at his/her current hourly rate of pay. The employee understands that these paid hours will be deducted from his/her compensatory time balance (in the “taken” box) on the professional leave record.

Employee Signature/Date

Immediate Supervisor Signature & Date

Immediate Supervisor Name – Please Print

First Supervisor Outside UCPEA
Signature & Date
(if not the same person)

First Supervisor Outside UCPEA – Please Print

Please forward this form to the Payroll Department, Unit 2111, along with the leave record for the pay period in which this payment is being made.